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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 10849

Registrar's No. 246

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 740 DELMAR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 24 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 039

(c) City or town Springfield 2 6
(If outside city or town limits, write "RURAL")

(d) Street No. 740 E. Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FLORENCE WILSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Aug (Month) 10 (Day) 1876 (Year)

8. AGE: Years 65 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Silverville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation House Wife

11. Industry or business In home

FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Anna Lee
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Chelsea Bryant
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.

19. (a) 3-28-42 (Date received local registrar) (b) [illegible] Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1942 hour 6 minute 02 P. M.

21. I hereby certify that I attended the deceased from at different times during her illness; that I last saw her alive on Mch 25 1942, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer

Carcinoma of Stomach

Due to (primary)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr Lou Hay Nolan (M. D. or other)
Address 818 Landers Bldg Date signed Mch 27-42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Roy A. Bauin

Licensed Embalmer No. 1763

P. O. Address Springfield Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.